



For Internal Use Only  
File No:  
Date:

**STATE OF GEORGIA**  
**OFFICE OF THE STATE INSPECTOR GENERAL**  
**Form to Report Fraud, Waste, Abuse or Corruption**

Please return your completed form by mail or fax:

Office of the State Inspector General  
2 Martin Luther King, Jr., S.W.  
1102 West Tower  
Atlanta, Georgia, 30334  
Fax: 404-657-9716

**Name of person(s) making complaint.**

*Note: "Complaints may be made anonymously. However, that anonymity may impede a quick or thorough investigation or the success of a later prosecution."*

|                          |                  |  |
|--------------------------|------------------|--|
| Your Name                | Date of Birth    | Social Security or Driver's License Number |
| Street Address           | City, State, Zip |  |
| Telephone Home:<br>Work: | County           | Email Address                              |

*(If more than one complainant is reporting, please use additional sheets if necessary.)*

**Name of person(s) and agency involved in alleged wrongful act or omission.**

|                |                  |
|----------------|------------------|
| Name           | Position/Title   |
| Agency         | Division         |
| Street Address | City, State, Zip |

*(If more than one individual is involved, please use additional sheets if necessary.)*

**Summary of facts relevant to the allegation(s):**

*Information that is helpful includes: What is the problem? Who is involved? When, where and why did it happen? (Use additional sheets if necessary.)*

*Summary (continued, if necessary)*

***Other helpful information (if known):***

Has this complaint been filed with any other agency or investigative entity?    Yes            No

If yes, what is the name of the agency?

Date Filed:

List any action taken by that agency:

Have you or anyone filed a civil lawsuit against this agency/individual?            Yes            No

If yes, what is the name of the court?

Case Number

List the current status of the Court action:

Are there any documents regarding the alleged wrongful act or omission? (i.e., contracts, memos, letters, evaluation forms, minutes of meetings, etc.) If so, attach them to this form.

Are you aware of the existence and location of any other relevant evidence? (i.e., photographs, receipts, personal or real property.) If so, attach them to this form.

Provide the name(s) of other people we may contact with knowledge of the alleged wrongful act or omission. Include the address and phone number of such person(s).

Are you or any complainant a state employee?      Yes      No

Are you requesting confidentiality in this matter?      Yes      No

If yes, explain why:

***Other state agency authorities:***

|   |              |
|---|--------------|
| State Ethics Commission                 | 770-920-4385 |
| Equal Employment Opportunity complaints | 800-473-6736 |

I fully acknowledge that the information contained in this complaint is true and accurate to the best of my ability and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_